

**MDNG EMERGENCY RELIEF FUND APPLICATION**

Privacy Act Statement: MDNGERF Form 1-R serves as the primary sources of information used to determine an individual's eligibility for financial assistance. Disclosure of the applicant's social security number as well as other information is voluntary; however, failure to provide requested information may result in the MDNGERF Committee's inability to determine eligibility for a loan.

**Section I (To be complete by applicant)**

Please Print Indicate N/A (Not Applicable) where appropriate.

**A. PERSONAL DATA**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_  
NUMBER OF CHILDREN: \_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_  
UNIT: \_\_\_\_\_ UNIT PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
RANK: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_ ETS DATE: \_\_\_\_\_

**B. EMPLOYMENT INFORMATION**

PLEASE CHECK: ☐ EMPLOYED ☐ UNEMPLOYED (Indicate previous employment, if currently unemployed.)  
EMPLOYER: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
SPOUSE'S EMPLOYER: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**C. MONTHLY FINANCIAL STATEMENT (Attach supporting documents)**

Applicant's Monthly Income: \$ \_\_\_\_\_ National Guard Income: \$ \_\_\_\_\_  
Spouse's Income: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_ Total Income: \$ \_\_\_\_\_  
Rent/Mortgage: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_  
Electric: \$ \_\_\_\_\_ Car Payment: \$ \_\_\_\_\_ Additional Car Expense: \$ \_\_\_\_\_  
Credit Card(s): \$ \_\_\_\_\_ Child Care: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Fuel: \$ \_\_\_\_\_ Loan(s): \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**TOTAL EXPENSES: \$** \_\_\_\_\_

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Income      Total Expenses      Debt Ratio (+/-)

**Section I CONTINUE (Attach supporting documents)**Describe what caused your emergency situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Why is Emergency Assistance being requested, and if approved, for what purpose will the money be utilized? (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**AMOUNT REQUESTED: \$** \_\_\_\_\_

The information provided is accurate to the best of my knowledge, and all supporting documents have been attached. I understand that I will be interviewed further regarding my request. I further understand my obligation to repay the financial assistance request to the Maryland National Guard Emergency Relief Fund.

\_\_\_\_\_  
Print Name

/s/ \_\_\_\_\_

Signature and Date Signed

**Section II (Completed by applicant's Commander)**

1. ETS Date: \_\_\_\_\_ 2. Years of Service: \_\_\_\_\_ 3. Rank: \_\_\_\_\_

4. Where there any AWOLs in the past 12 months? \_\_\_\_\_

5. Has the Chain of Command verified that a true emergency exists? \_\_\_\_\_

6. The applicant meets all the eligibility criteria as outlined in Military Department Regulation 1-14. \_\_\_\_\_

The obligation to repay the financial assistance loan has been discussed with the applicant who understands, that if approved, the loan must be repaid full.

\_\_\_\_\_  
Print Name (Commander or Designated Representative)

/s/ \_\_\_\_\_

Signature

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

/s/ \_\_\_\_\_

Date Signed

**Section III (To be completed by MDNGERF Committee Review Board)**

Indicate the reason if disapproved.

The application for financial assistance is:

\_\_\_\_ **Approved** \_\_\_\_ **Disapproved** /s/ \_\_\_\_\_  
Signature and Date Signed\_\_\_\_ **Approved** \_\_\_\_ **Disapproved** /s/ \_\_\_\_\_  
Signature and Date Signed\_\_\_\_ **Approved** \_\_\_\_ **Disapproved** /s/ \_\_\_\_\_  
Signature and Date Signed**Review Board Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDNG EMERGENCY FUND RELEASE OF INFORMATION**

(Form must be completed and all pages must be submitted)

In consideration of the Maryland National Guard Emergency Relief Fund (hereinafter referred to as MDNGERF) acting on my loan application, I hereby agree, and consent to the MDNGERF contacting my employer, mortgage company, bank, car payment company, utility company, or other such business entity as may be necessary to verify my need for the loan for which I have applied. Such verification may include proof of employment, as well as, that I am in arrears or am in danger of eviction, repossession or legal action if payment is not made. I understand this information will be used only to verify my application, and not for any other purpose, and that such information will remain in the possession of the MDNG ERF, and will not be distributed or made know to any other entity for any other purpose, unless required by law, except process my loan application through the Maryland National Guard Foundation, and/or to aid in loan repayment or return overpayment.

Name, address, phone number, and account number if needed of companies to be contacted:

**Please Print:**

_____	_____
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_____	_____
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_____	_____
_____	_____

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature and Date Signed